# NWS CHANGE FORM
## PART A

| | 1. DATE SUBMITTED |
|---|---|
| | 1/24/00 |

| 2. ORIGINATOR OFFICE<br><br>**W/OM22** | 3. SUBMITTING AUTHORITY<br>Name: Gary Charson<br>Routing Code: W/OM22 | 4. COGNIZANT TECHNICAL INDIVIDUAL<br>Name: James N. Heil<br>Routing Code: W/OM22<br>Phone: 301-713-1867 ext 111 | 5. ORIGINATOR TRACKING NUMBER |
|---|---|---|---|

| 6. SYSTEMS AFFECTED BY CHANGE | 7. WSH TRACKING NUMBER |
|---|---|
| ☐ DATA PRODUCTS (Complete Data Products Supplement)<br><br>☐ ASOS  ☒ AWIPS  ☐ CRS  ☐ NEXRAD  ☒ OTHER (specify) _NESDIS__ | **NWS 538** |

**8. TITLE OF CHANGE**
## Update AWIPS/NESDIS ICD (Include details / titles for new products)

| 9. TYPE OF CHANGE<br><br>☐ HARDWARE  ☐ SOFTWARE  ☒ DOCUMENTATION ONLY | 10. SITES AFFECTED (Attach Part B, Page 2, if needed) |
|---|---|

**11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.)**

Changes to the existing NESDIS ICD (AA0130008 CH-2 dated August 1, 1999) have been made to include titles for new products and other details for products previously described. This change more adequately describes current and future products across the interface.

**12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.)**

Solution is to update the Existing ICD with the new and additional information. This requires the issuance of an updated ICD document, modification of the "A-Spec" document to reflect the new ICD, and subsequent release and notification of the changes. (See Attachment A for change pages to the ICD)

**13. ALTERNATE SOLUTIONS**

| 14. REQUIRED CHANGE DATE<br><br>ASAP | 15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.)<br><br>The change to the ICD is required for Build 5 work. NESDIS has already been tasked to provide new products for AWIPS. In order to pare-build testing, the new AWIPS headers are needed to append to the new products and will be required for transmission over the Satellite Broadcast Network for Alpha testing and actual load determination. |
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## CCB/PMC/CMB DECISION

| 16. DECISION AUTHORITY LEVEL | ☐ CCB LEVEL ONLY | ☐ PMC or NWS CMB DECISION REQUIRED |
|---|---|---|
| 17. CCB LEVEL DECISION | ☐ APPROVED<br>☐ RECOMMEND APPROVAL<br>☐ DISAPPROVED | SIGNATURE<br><br>DATE SIGNED |

## FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED

| 18. PMC OR NWS CMB DECISION | ☐ APPROVED<br>☐ DISAPPROVED | SIGNATURE<br><br>DATE SIGNED |
|---|---|---|

# NWS CHANGE FORM
## PART A - DATA PRODUCTS SUPPLEMENT

| | 1. ORIGINATOR TRACKING NUMBER |
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This information is required for Data Products submissions. (Submitters should complete all applicable blocks, if known. WSH will assist.) Attach extra pages if necessary.

2. WSH TRACKING NUMBER

| 3. AWIPS ID | | 4. AFOS PIL | | | 5. WMO HEADER | 6. ADD REV DEL | 7. SEAS Y/N | 8. CHAR PER MSG | 9. FREQUENCY | 10. NWSTG DISTR | 11. AFOS DISTR | NWWS ONLY | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NNN | XXX | CCC | NNN | XXX | | | | | | | | 12. STATE CIRCUITS | 13. PRIME UPLINK | 14. B/U UPLINK |
| | | | | | See attach change to ICD (requested) | ADD | | See attached matrix | See attached matrix | NCF | | | | |
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| FOR METAR CHANGES ONLY | | | | | | | | 19. INTERNAL NWS USE ONLY ☐ | 20. PRODUCT SOURCE NESDIS | 21. AWIPS DATA TYPE |
|---|---|---|---|---|---|---|---|---|---|---|

| 15. COMMS ID | 16. N. LATITUDE | | | 17. W. LONGITUDE | | | 18. ELEV (M) | 22. | A. CHANGE NOTICE | B. EFFECTIVE DATE | C. ISSUE DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | DEG | MIN | SEC | DEG | MIN | SEC | | | | | |
| | | | | | | | | AWIPS | | | |
| | | | | | | | | AFOS | | | |
| | | | | | | | | NWWS | | | |

NWSRC Form 1001, 9/15/99                    Part A - Page 2 (Data Products Supplement)

| NWS CHANGE FORM PART B | 1. ORIGINATOR TRACKING NUMBER |
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| All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject. | 2. WSH TRACKING NUMBER |

## FUNDING INFORMATION

| Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.) | 3. SOURCE OF FUNDING | 4. TOTAL COST $ |
|---|---|---|
| 5. DEVELOPMENT COSTS (Estimate development costs) | | AMOUNT |
| 6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) | | AMOUNT |
| 7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) | | AMOUNT |
| 8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) | | AMOUNT |
| 9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) | | AMOUNT |
| 9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) | | AMOUNT |

## SUPPORTING INFORMATION AND SCHEDULES
### Provide detailed information needed to implement the requested change.

| 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) | 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) |
|---|---|
| 12. IMPLEMENTATION/RETROFIT SCHEDULE | 13. FACILITY INFORMATION (Attach facility drawings/plans.) |
| 14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) | 15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED |
| 16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) | 17. COORDINATION OF CHANGE WITH OTHER CHANGES |
| 18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) | 19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) |
| 20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) | 21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) |
| 22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) ||

| NWS CHANGE FORM<br>PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. ORIGINATOR TRACKING NUMBER | | | | | | | | | |
| This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.) | | | | | | 2. WSH TRACKING NUMBER | | | |
| 3. ITEM NAME, CIRCUIT TYPE, SOFTWARE VERSION, OR SITE LOCATION | 4. REMOVE REPLACE MODIFY | 5. SUPERSEDED ITEM OR CONFIGURATION | | 6. SUPERSEDING PART NUMBER OR NEW CONFIGURATION | 7. DOC TYPE | 8. SUPERSEDED DOCUMENT | | 9. SUPERSEDING DOCUMENT | |
| | | A. PART NUMBER OR CONFIGURATION | B. SERIAL NUMBER(S) OR COMMENTS | | | A. IDENTIFIER | B. REV | A. IDENTIFIER | B. REV |
| AWIPS/NESDIS | Modify | | | | ICD | AA0130008 | CH-2 | AA0130008 | CH-3 |
| System/Segment | Modify | | | | A-SPEC | SSS-001-1994R1 | CH-2 | SSS-001-1994R1 | CH-3 |
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# NWS CHANGE FORM
## PART C

| | 1. ORIGINATOR TRACKING NUMBER |
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WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.

**2. WSH  TRACKING NUMBER**

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**3. CCB COST EVALUATION**

NWS COST $          FAA COST $          DOD COST $          OTHER AGENCY COST $          TOTAL COST $
(SPECIFY)_____

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**4. IMPLEMENTATION DOCUMENTS REQUIRED**

☐ Engineering Modification Note          ☐ Software Release Notes          ☒ Other Document _Letter / Memorandum_

ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.)  Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.

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| 5. IMPLEMENTATION ACTIVITY REQUIRED | 6. REQUIRED COMPLETION DATE | 7. RESPONSIBLE PERSON AND OFFICE | 8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION |
|---|---|---|---|
| A. Validation of new ICD (APO and NESDIS)<br><br>B.  Make change pages to A-Spec document<br><br>C.  Prepare / forward letter for Contracts<br><br>D.  Issue NWS memorandum announcing new ICD to all ICD users<br><br>E.  Ensure the appropriate WSH managment information systems and configuration management data bases are updated to reflect these changes. | | | AA0130008 CH-3<br><br>SSS-001-1994R1 CH-3 |